

STATE OF NEVADA
Department of Business and Industry
Division of Industrial Relations

Instructions for Summary of Insurer Claims Expense Form

(*) Numbers relate to the instruction number on the Summary of Insurer Claims Expense Form.

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| 1. INSURER: | | This is the name of the Self-Insured Employer, Association of Self-Insured Public or Private Employers, Private Insurer, or Ex-Medical Employer. A report for each entity listed on the Certificate of Insurance is not required. If a report is submitted for each subsidiary, clearly indicate the name of each subsidiary and submit a combined report, which includes all entities on the certificate. |
| 2. NON-MINING: | | These are <u>workers' compensation claims expenditures for the period requested</u> as allowed by NAC 616B.707 for industries which do not have mining activities, such as gaming, retail sales, manufacturing, etc. |
| 3. MINING: | | These are <u>workers' compensation claims expenditures for the period requested</u> as allowed by NAC 616B.707 which are related to the mining industry, such as surface or underground mining activity. |
| 4. TOTAL: | | Item 2 + Item 3. |
| 5. ENTITIES: | YES
NO | The report includes all of the entities on the Certificate of Insurance.
The report does not include all entities on the Certificate of Insurance. |
| 6. INSURER FEDERAL
TAX ID NUMBER: | | This is used to issue refunds (where applicable) to the Self Insured Employer, Association, Private Insurer or Ex-Med. Do not include tax identification numbers for subsidiary accounts. |